Virginia Asthma Plan
2017—2022

A Statewide Strategic Plan &
Call To Action For Asthma In Virginia

Prepared By
The Virginia Asthma Coalition &
Asthma Stakeholders throughout the Commonwealth
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COMMONWEALTH of VIRGINIA
Office of the Governor

July 12, 2016

William A. Hazel, Jr., MD
Secretary of Health and Human Resources

Stuart Tousman, Ph.D.
Chairman, Board of Directors
Virginia Asthma Coalition
1852 Elbert Drive
Roanoke, Virginia 24018

Dear Dr. Tousman:

Please accept my congratulations and support of the Virginia Asthma Coalition’s State Asthma Plan for 2017-2022. As a non-profit organization led by volunteers with over 90 members throughout the state, you are positioned to advance asthma prevention and control. This is critical to reduce one of the leading chronic health conditions among children and adults.

Your continuous efforts to engage health care, business, non-profit and government stakeholders to support your initiatives are exceptional. The goals and strategies outlined in your current and future plans will provide guidance to health professionals for patient care, assist families in self-management, assist school personnel with asthma management and help employers offer healthy environments.

The Virginia Asthma Plan urges those with asthma to be self-aware, make good choices, and manage their condition. I firmly support prevention and gladly support this plan.

Sincerely,

William A. Hazel, Jr., M.D.
Letter from the State Health Commissioner

COMMONWEALTH of VIRGINIA

Department of Health
P.O. Box 2448
Richmond, VA 23218

July 7, 2016

Stuart Tousman, Chair
Virginia Asthma Coalition
1852 Elbert Drive
Roanoke, Virginia 24018

Dear Mr. Tousman:

The Virginia Department of Health is pleased to support the Virginia Asthma Coalition State Asthma Plan for 2017-2022. Nearly 14 percent of all Virginians report having lifetime asthma, according to the CDC's 2012 Behavioral Risk Surveillance Survey, a rate that is higher than the national average of 13.3 percent. It is a leading chronic health condition among children and adults that can impair quality of life, increase undesirable health outcomes, and contribute to increased economic costs. Asthma has no cure, but can be treated and controlled by working with your healthcare provider, taking medication and avoiding triggers that can cause an asthma attack.

The Virginia Asthma Coalition (VAC) envisions a world where Virginians with asthma live in optimal health. VAC began in the 1998 with a handful of not-for-profit, state, and private organizational representatives and has grown steadily. VAC became a 501(c)(3) organization in 2012 and continues to provide committed leadership in supporting asthma initiatives. Today, VAC claims 91 members throughout the Commonwealth. The Virginia Department of Health is an invested stakeholder supporting VAC's State Asthma Plan initiatives. Additionally, the State Asthma Plan contributes to Virginia's Plan for Well-Being to improve population health through community collaboration and promote life-long wellness.

We are grateful the Virginia Asthma Coalition provided this plan and is reflective of the consensus of Virginia asthma stakeholders. As much time and effort that went into this plan, much more energy will be required to implement the plan to make it a living guideline. We invite all health and medical providers, public health advocates, and Virginians impacted by asthma to review this document. We are grateful the Virginia Asthma Coalition developed this plan to guide future efforts to promote asthma awareness, education, evidence-based practice, and advocacy to enhance the quality of life for Virginians. On behalf of the Virginia Department of Health, we encourage others to join VAC in using the plan as a model for local and state initiatives.

Sincerely,

Marissa J. Levine, MD, MPH, FAAFP
State Health Commissioner

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment
www.vdh.virginia.gov
The Virginia Asthma Coalition

The Virginia Asthma Coalition (VAC) is a group of organizations and individuals devoted to reducing the morbidity and mortality associated with asthma. Organized in the spring of 1998, Coalition members have spearheaded the development and passage of model legislation to provide better access to asthma medications in schools, assisted with the development of an emergency services program on asthma, assisted in the development of a low literacy asthma education module for children and their parents, and developed the Virginia Asthma Action Plan for use by Virginia schools. Over the past five years, the VAC has collaborated with the Virginia Department of Health (VDH) to strengthen regional coalitions, partnered with national organizations with common interests, and organized statewide activities. This process has led to the development of the second five year Virginia Asthma Control Plan.

The Virginia Asthma Coalition was created through collaboration between VDH, the American Lung Association of Virginia, and the Virginia Department of Education. VAC provides a forum for people to exchange ideas on ways to improve the quality of asthma care in Virginia. VAC members include physicians, nurses, parents, representatives from governmental agencies, respiratory therapists, persons living with asthma, community health organizations, and others who are concerned about controlling asthma throughout the Commonwealth.

Vision
We envision a world where Virginians with asthma live in optimal health.

Mission
We are a statewide partnership promoting asthma awareness, education, evidence-based practice, and advocacy to enhance the quality of life for Virginians impacted by asthma.
Executive Summary

Asthma is one of the world’s most common chronic diseases. It affects the lungs, causing episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing. Asthma is associated with missed school days, missed work days, disrupted sleep and symptoms that interfere with physical activity. With proper medical care, routine monitoring of lung function, adherence to medication regimens and avoidance of asthma triggers, hospitalizations can be prevented. Asthma is complex and requires a long-term coordinated and multifaceted approach to improve outcomes. This can be accomplished by using evidence-based care plans that require medical assessment, treatment, education and follow-up, as well as conscientious routine self-care. With proper control, individuals living with asthma can live relatively normal and healthy lives.

The 2017-2022 Virginia Asthma Plan was developed by the VAC and many diverse partners in medicine, healthcare, health maintenance, pharmacy, respiratory therapy, nursing, education, environmental protection, and local and state government. It will require the commitment and participation of all stakeholders to achieve.

The plan covers a five-year time frame and is organized around four strategic goals:

**Goal 1 – Coalition Capacity & Sustainability**
Maximize the Virginia Asthma Coalition’s collaborative partnerships and organizational capacity to sustain the coalition’s strength and credibility to optimize asthma related health outcomes in Virginia.

**Goal 2 – Policy**
Engage in a diverse policy agenda that promotes the health and wellbeing of Virginians with asthma, and supports health care providers’ delivery of services.

**Goal 3 – Asthma Management Practices**
Promote active collaboration with medical providers and allied health providers to advance evidenced based asthma care and education.

**Goal 4 – Education**
Increase awareness; provide and implement effective best practices in community-based asthma education and programming to address health disparities and improve asthma outcomes.
## Virginia Asthma Plan Map

### Goal 1: Coalition Capacity & Sustainability
Maximize the Virginia Asthma Coalition’s collaborative partnerships and organizational capacity to sustain the coalition’s strength and credibility to optimize asthma-related health outcomes in Virginia.

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<td>Objective 3</td>
<td>Maintain 501(c)(3) non-profit status through good fiscal management and ongoing maintenance of related tasks and documents.</td>
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### Goal 2: Policy
Engage in a diverse policy agenda that promotes the health and wellbeing of Virginians with asthma, and supports health care providers’ delivery of services.

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<th>Develop annual legislative priorities that support the VAC mission in preparation for the annual General Assembly legislative session.</th>
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Promote active collaboration with medical providers and allied health providers to advance evidenced-based asthma care and education.

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Increase awareness; provide and implement effective best practices in community-based asthma education and programming to address health disparities and improve asthma outcomes.

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<td>Increase public awareness of asthma in Virginia.</td>
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**Virginia Asthma Plan Map**

**Goal 1** Coalition Capacity & Sustainability

Maximize the Virginia Asthma Coalition’s collaborative partnerships and organizational capacity to sustain the coalition’s strength and credibility to optimize asthma-related health outcomes in Virginia.

1. **Objective 1** Increase current membership participation in VAC to ensure statewide representation of asthma stakeholders.
2. **Objective 2** Increase new membership in VAC to ensure statewide representation of asthma stakeholders.
3. **Objective 3** Maintain 501(c)(3) non-profit status through good fiscal management and ongoing maintenance of related tasks and documents.

**Goal 2** Policy

Engage in a diverse policy agenda that promotes the health and wellbeing of Virginians with asthma, and supports health care providers’ delivery of services.

1. **Objective 1** Develop annual legislative priorities that support the VAC mission in preparation for the annual General Assembly legislative session.
2. **Objective 2** Engage coalition members in at least three policy skill building activities that support VAC’s annual legislative priorities.
3. **Objective 3** Provide support and facilitation for adoption of local and organizational level policies that support good asthma management.

**Goal 3** Asthma Management Practices

Promote active collaboration with medical providers and allied health providers to advance evidenced-based asthma care and education.

1. **Objective 1** Increase the number of health care providers (HCPs) and allied health providers (AHPs) (i.e., pharmacists, nurses, respiratory therapists) that receive professional development training on evidenced based asthma management practices to include the National Asthma Education and Prevention Program Expert Panel Report 3 (NAEPP EPR-3) guidelines.
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3. **Objective 3** Promote partnership between HCPs and AHPs to engage community stakeholders (i.e., certified asthma educators, school nurses, public health professionals) in care coordination, case management, and education for individuals with asthma.

**Goal 4** Education

Increase awareness; provide and implement effective best practices in community-based asthma education and programming to address health disparities and improve asthma outcomes.

1. **Objective 1** Increase offerings of innovative asthma education and training programs, resources and regional opportunities.
2. **Objective 2** Identify, publish, and promote decision making aids, and share online toolkits targeted to local coalitions and community asthma advocates.
3. **Objective 3** Collaborate with public housing authorities and private multi-unit housing complexes to increase awareness and benefits of smoke-free policies to reduce the burden of asthma.
4. **Objective 4** Increase public awareness of the dangers of secondhand and thirdhand smoke (tobacco particulate matter) and aerosol (electronic nicotine delivery systems) for residents with asthma.
5. **Objective 5** Review, update, and maintain Asthma Action Plan (AAP) to reflect current best practices.
6. **Objective 6** Increase public awareness of asthma in Virginia.
PLANNING

Understanding context, causes & solutions for asthma control

VAC Coalition

GOAL ONE
Coalition Capacity & Sustainability

Virginia Asthma Plan

IMPLEMENTATION

GOAL TWO
Engage in a diverse policy agenda

GOAL THREE
Asthma management practices

GOAL FOUR
Education

OUTCOMES

Increased awareness of best practices in asthma education
Streamlined health care providers’ delivery of asthma services
Optimized asthma programs to address health disparities
Improved self-management of asthma

IMPROVED ASTHMA CONTROL IN VIRGINIA
Reduced deaths, hospitalizations, emergency department visits, school & work days missed, & limitations due to asthma.
The Burden of Asthma in Virginia

**Asthma as a Public Health Issue**
The cost of asthma for the U.S. was $56 billion in 2009; the cost per year per child with asthma was over $1000. In 2008, there were 10.5 million missed days of school and 14.2 missed days of work across the U.S. due to asthma (CDC Asthma Impact).

**National Asthma Trends**
Based on 2014 National Health Interview Survey results, approximately 40.5 million Americans are estimated to have been diagnosed with asthma. Rates of lifetime diagnosis (those ever having been diagnosed with asthma) are highest among 15 to 24-year-olds. A slightly younger age group, 5-14 year-olds have the highest rate of current asthma (symptoms within the last 30 days). Overall, asthma prevalence in females (137 per 1,000) is higher than in males (117 per 1,000), with the exception of males younger than 15 who have higher rates than females of that age. Lifetime prevalence rates were higher in blacks (150 per 1,000) compared to whites (104 per 1,000), a trend consistent with those of current asthma rates.

**Virginia Asthma Trends**
According to 2014 Behavioral Risk Factor Surveillance System respondents, 821,089 adults in Virginia reported having been told by a physician at one time over the course of their lives that they had been diagnosed with asthma. The current adult asthma rate is 8.6% and has remained stable for the last 4 years, a trend similar to the overall US. The rate of lifetime asthma in adult Virginians increased between 2000 and 2010. From 2011 – 2014, the trend plateaued near 12.7 to 13.6%. Asthma affects 11% of women. More than 6% of men are affected, which is almost double the percent. Age is also related to asthma, the highest prevalence is in youth and in older middle age adults. Current percentages of asthma decrease with increased levels of income and education in the population. Non-Hispanic Blacks have the highest current asthma prevalence.

![Figure 1: Current Adult Asthma Prevalence in VA, BRFSS 2014](image)

CDC Asthma Impact – Asthma’s Impact on the Nation, Data from the CDC National Asthma Control Program. https://www.cdc.gov/asthma/impacts_nation/asthmafactsheet.pdf
Richmond, our state capital, was named the 2010 top “Asthma Capital” in the Asthma and Allergy Foundation of America’s annual ranking of the 100 most challenging places to live. Up from number fourteen in 2009, Richmond’s rise to the top resulted from a number of factors including a higher than average pollen score, continued poor air quality, and a lack of “100% smoke-free” laws.

**HEALTHCARE UTILIZATION PATTERNS**

In 2012 across the U.S., asthma as primary diagnosis accounted for 10.5 million visits to physician offices (NAMCS). In 2014, there were 7582 admissions of Virginia residents to Virginia hospitals where the primary diagnosis was asthma; the total charges for these cases was over $156 million or an average of $20,600 per case; there is a marked difference among age groups for inpatient hospitalization, with a bimodal distribution; children aged under 5 had the greatest number of discharges among youth, with a second rise in case volume peaking at the 45-54 age group.

**Figure 2:** Geographic distribution of current adult asthma prevalence and asthma hospitalizations (any age) show similarities. Prevalence of current asthma is focused in the mountainous southwest and in south central Virginia.

**Figure 3:** A similar geographic distribution is seen with hospitalizations. South-Central Virginia and some of the mountainous localities have the highest inpatient hospitalization rates in Virginia. Several of Virginia’s major cities also show high hospitalization rates including Richmond and Roanoke.

Virginia Health Information. Hospitalization rates of primary diagnosis of asthma by locality (2014).
Virginia Health Information Hospital Discharge Dataset, 2014. Asthma as a primary diagnosis was calculated using ICD-9 diagnosis codes 493.
Supporting Frameworks

Conceptual frameworks are broadly defined ideas used to organize a planning process and provide structure to plan development, application and evaluation. VAC relies on two supporting frameworks: The System for Delivering High Quality Asthma Care by the U. S. Environmental Protection Agency (EPA), and Healthy People 2020 by the Centers for Disease Control and Prevention (CDC).

The System for Delivering High Quality Asthma Care

The System for Delivering High-Quality Asthma Care (SDHQAC), a conceptual framework, recognizes the core elements of successful asthma programs as well as those processes that drive their implementation, continuous improvement, and endurance. SDHQAC allows flexibility for any asthma program to adapt and use to guide their work. This system is dynamic and interactive and is used to deepen, refine and enrich implementation of asthma plan goals as programs mature.

Healthy People 2020

Healthy People affords science-based, 10-year national objectives aimed at improving the health of all Americans. Healthy People establishes benchmarks and monitors progress over time so as to encourage community collaboration, educate and empower individuals to make informed decisions regarding their health, and to determine the impact of prevention activities. Healthy People objectives include a focus on Respiratory diseases that include asthma, decreasing asthma hospitalizations, emergency department visits, deaths, and missed school / work days.

Healthy People 2020
A society in which all people live long, healthy lives

Overarching Goals:
• Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
• Achieve health equity, eliminate disparities, and improve the health of all groups.
• Create social and physical environments that promote good health for all.
• Promote quality of life, healthy development and healthy behaviors across all life stages.

GOAL ONE  
Coalition Capacity & Sustainability
Maximize the Virginia Asthma Coalition’s collaborative partnerships and organizational capacity to sustain the coalition’s strength and credibility to optimize asthma related health outcomes in Virginia.

GOAL TWO  
Policy
Engage in a diverse policy agenda that promotes the health and wellbeing of Virginians with asthma, and supports health care providers’ delivery of services.

GOAL THREE  
Asthma Management Practices
Promote active collaboration with medical providers and allied health providers to advance evidenced based asthma care and education.

GOAL FOUR  
Education
Increase awareness; provide and implement effective best practices in community-based asthma education and implement programming to address health disparities and improve asthma outcomes.
GOAL 1 – COALITION CAPACITY & SUSTAINABILITY

Maximize the Virginia Asthma Coalition's collaborative partnerships and organizational capacity to sustain the coalition’s strength and credibility to optimize asthma related health outcomes in Virginia.

Objective 1  Increase current membership participation in VAC to ensure statewide representation of asthma stakeholders.

Strategies 1. Conduct a coalition membership analysis to identify gaps in membership to ensure representation by location, sector and organization statewide.
2. Conduct a coalition membership satisfaction survey to identify areas for improvement in engaging and retaining members.
3. Develop a membership engagement plan to address deficits in participation and engagement.
4. Increase participation among current members by 10% annually.
5. Retain participation among 90% of the active membership annually.

Objective 2  Increase new membership in VAC to ensure statewide representation of asthma stakeholders.

Strategies 1. Conduct a Coalition Member Gap Analysis to identify potential individual and organizational stakeholders, including citizens with asthma, as well as locations, organizations and sectors that are underrepresented in the coalition.
2. Develop a Coalition New Member Recruitment Plan to address identified gaps in membership identified in the Coalition Member Gap Analysis.
3. Implement new member recruitment plan resulting in recruitment of representatives from at least two new organizations annually that are asthma champions with strong community ties that represent our state’s culture and diversity.
4. Increase VAC membership by 10% annually.
5. Increase the coalition’s capacity for development and fundraising as a non-profit entity.

Objective 3  Maintain 501(c)(3) non-profit status through good fiscal management and ongoing maintenance of related tasks and documents.

Strategies 1. Develop a 3-5 year development and fundraising plan, including identification of relevant grants, contracts and donors to great a diverse financial support system.
2. Hold at least one annual fundraiser.
3. Maintain annual strategic planning and program evaluation measures for VAC activities.
4. Maintain the State Asthma Plan with a review of progress annually by coalition membership.
GOAL 2 – POLICY

Engage in a diverse policy agenda that promotes the health and wellbeing of Virginians with asthma, and supports health care providers’ delivery of services.

Objective 1  Develop annual legislative priorities that support the VAC mission in preparation for the annual General Assembly legislative session.

Strategies 1. Discussion of current policy asthma related issues at quarterly VAC meetings to determine what issues require inclusion on annual legislative priorities.
2. Affirm and approve legislative priorities by the fourth quarterly VAC meeting in preparation for the General Assembly legislative session.

Objective 2  Engage coalition members in at least three policy skill building activities that support VAC’s annual legislative priorities.

Strategies 1. Involve executive board and members in actual policy activities; for example, legislative meetings, media advocacy, sign-on letters, that support VAC legislative priorities.
2. Provide an annual report to the membership summarizing the outcome of VAC’s participation in the identified legislative activities.

Objective 3  Provide support and facilitation for adoption of local and organizational level policies that support good asthma management.

Strategies 1. Identify local and organizational level policy opportunities to support adoption in localities across the state.
2. Participate in opportunities for speaking engagements, materials development and development of leadership champions within industries to support local and organizational level policy adoption.
**Goal 3 – Asthma Management Practices**

Promote active collaboration with medical providers and allied health providers to advance evidenced based asthma care and education.

**Objective 1**  
Increase the number of health care providers (HCPs) and allied health providers (AHPs) (i.e. pharmacists, nurses, respiratory therapists) that receive professional development training on evidenced based asthma management practices to include the National Asthma Education and Prevention Program Expert Panel Report 3 (NAEPP EPR-3) guidelines.

**Strategies**  
1. Provide at least two asthma conferences/trainings offering CME/CE credit annually.  
2. Promote inclusion of evidenced based asthma management practice training in AHP organizations’ professional development training.

**Objective 2**  
Identify HCPs that utilize evidenced based clinical practice guidelines for asthma management.

**Strategies**  
1. Conduct survey of HCPs to assess knowledge and implementations of NAEPP EPR-3 guidelines/recommendations in their practice.  
2. Evaluate survey results to identify HCPs and their areas of service in the state.  
3. Engage identified HCP champions to educate area HCPs and recommend adoption of NAEPP EPR-3 guidelines in their practice.

**Objective 3**  
Promote partnership between HCPs and AHPs to engage community stakeholders (i.e. certified asthma educators, school nurses, public health professionals) in care coordination, case management and education for individuals with asthma.

**Strategies**  
1. Promote utilization of regional asthma coalitions to link HCPs and AHP organizations with community stakeholders providing care coordination, case management and education to individuals with asthma.  
2. Encourage consistent communication between HCPs, AHPs and community stakeholders to maintain team-based approach in the coordination of care for the individual with asthma.
GOAL 4 – EDUCATION

Increase awareness; provide and implement effective best practices in community-based asthma education and programming to address health disparities and improve asthma outcomes.

Objective 1 Increase offerings of innovative asthma education and training programs, resources and regional opportunities.

Strategies
1. Education team identifies evidence-based programs and resources.
2. Train a variety of school nurses, public health educators, respiratory therapists, and/or asthma educators to implement evidence-based programs.
3. Provide ongoing assistance to trained facilitators of evidence-based programs.
4. Promote programs and resources through the VAC website, social media, and through partnering organizations.
5. Engage with asthma stakeholders to offer at least two asthma educator certification trainings targeting geographic areas with increased rates of asthma.

Objective 2 Identify, publish, and promote decision making aids, and share online toolkits targeted to local coalitions and community asthma advocates.

Strategies
1. Collaborate with local coalitions and physicians for toolkit input.
2. Create and test toolkit prototypes for feedback and adjust as needed.
3. Finalize, publish and promote toolkits.

Objective 3 Collaborate with public housing authorities and private multi-unit housing complexes to increase awareness and benefits of smoke-free policies to reduce the burden of asthma.

Strategies
1. Identify public housing authorities and properties that do not have existing smoke-free policies.
2. Supply resources (via VAC website) and evidence-based guides on smoke-free policies and education programs on smoking cessation.
3. Provide technical assistance to public housing authorities and property owners/managers on smoke-free policy implementation.
**Objective 4** Increase public awareness of the dangers of secondhand and thirdhand smoke (tobacco particulate matter) and aerosol (electronic nicotine delivery systems) for residents with asthma.

**Strategies**
1. Provide resources and linkages (via VAC website) on national, state and regional, evidence based education and cessation services on smoking and vaping.
2. Support and collaborate on initiatives to implement and enforce tobacco free campaigns, such as, but not limited to, Virginia Foundation for Healthy Youth’s Y Street, 24/7 campaign (tobacco-free schools) and Virginia’s Tobacco Use Control Project initiatives.
3. Support and promote future legislation on reducing smoking and vaping to provide healthier air quality for all Virginians.

**Objective 5** Review, update, and maintain Asthma Action Plan (AAP) to reflect current best practices.

**Strategies**
1. Disseminate Asthma Action Plan through VAC website, school nurses and healthcare providers.
2. Provide technical assistance and training to school nurses, parents and healthcare providers on the use of the Asthma Action Plan.

**Objective 6** Increase public awareness of asthma in Virginia.

**Strategies**
1. Leverage existing resources and programs annually through the coalition’s partner network.
2. Conduct at least five educational and promotional events during the month of May, National Asthma Awareness Month.
3. Local asthma coalitions each conduct at least one educational and promotional event during the Month of May, National Asthma Awareness Month.
The Virginia Asthma Plan is a framework from which all Virginians can work to organize around a single set of common goals to address asthma. The active involvement of all individuals, organizations and communities is essential to accomplish this plan.

You can help by:

- **Joining the Virginia Asthma Coalition** as a partner to address asthma.
- **Letting the Virginia Asthma Plan guide actions** in your local community to address asthma.
- **Sharing your programs and your successes** with the Virginia Asthma Coalition so that all may benefit from your progress.
- **Sharing data** to allow a better picture of asthma and asthma control efforts in Virginia.
Acknowledgements

Special thanks to the following organizations who helped to create this plan!

Allergy and Asthma Network
American Academy of Pediatrics - Virginia Chapter
American Lung Association in Virginia
Bon Secours Richmond Health System
Carilion Pediatric Pulmonary and Allergy Clinic
Carilion Roanoke Memorial Hospital
Central Virginia Asthma Coalition
Consortium for Infant and Child Health
Eastern Virginia Medical School
Greater Roanoke Valley Asthma and Air Quality Coalition
Jefferson College of Health Sciences
Mid-Atlantic Center for Children’s Health and the Environment
Southeast Asthma Network
University of Virginia
Virginia Association of School Nurses
Virginia Commonwealth University
Virginia Department of Education
Virginia Department of Environmental Quality
Virginia Department of Health
www.virginiaasthmacoalition.org